

Removing Barriers – Integration & Networking Beyond the Basics

NIHR East Midlands Joint Research
Conference
4 March 2009



LNR CLRN

Elizabeth Kettle, Senior Manager

Roz Sorrie, Lead RM&G Manager

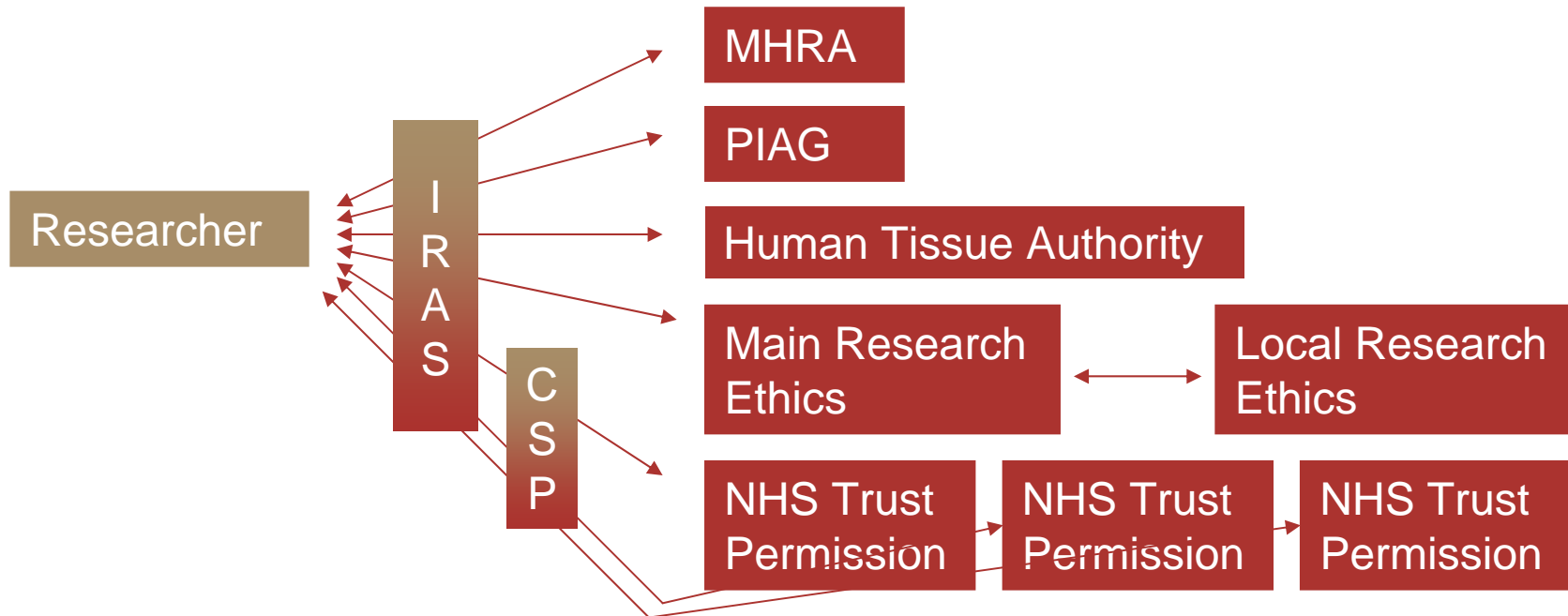
Clare O'Neill, RM&G Manager (primary care)

Session overview

- Past perceived and real barriers - nationwide
- How joint working and Networks can help to overcome these
- Benefits of Networking
- Practical resolutions & application within LNR CLRN
- An example from Primary Care within LNR

Barriers

Bureaucratic - paperwork



- **Centralised systems – CSP & IRAS**
- **Assurances and accepting checks conducted by others**

Barriers

Organisational & Geographic

- Duplication of effort
- Working in isolation
- R&D as add-on activity



x multiple trusts

=



+ R&D

- **Networking, joint working & communication**
- **Engagement of Trusts, and recognition as R&D as Core activity**

Barriers

Financial

- R&D Funding based on out of date funding information
- Difficult for new areas to grow – obtain funding
- Competitive nature of funding often discouraged collaboration
- **Channelling through flexible resource allocation, engagement with different organisations – listening**
- **Signposting to the right support**
- **Use of different funding streams/schemes**

Some demonstrable benefits

- Financial & Organisational
 - Stroke Research at Kettering General Hospital
 - Limited amount of targeted CLRN funding
 - Notable support and input from SRN
 - Genuine local support from clinicians
 - Significant organisational support

Demonstrable outcomes in patient recruitment

Some demonstrable benefits

- Organisational/Geographic/Bureaucratic/Financial?!
 - GP Incentivisation & Support costs across LNR
 - Dedicated funding to PCRN to engage and incentive General Practitioners
 - 2-tier approach to build Practice interest
 - Study related Service Support managed centrally: assessed through RM&G review stage

All Service Support for all GPs & PCTs across LNR managed through central point, as part of PCRN centralised function, CLRN funded

Delivering streamlined Research Management & Governance – the benefits and practicalities

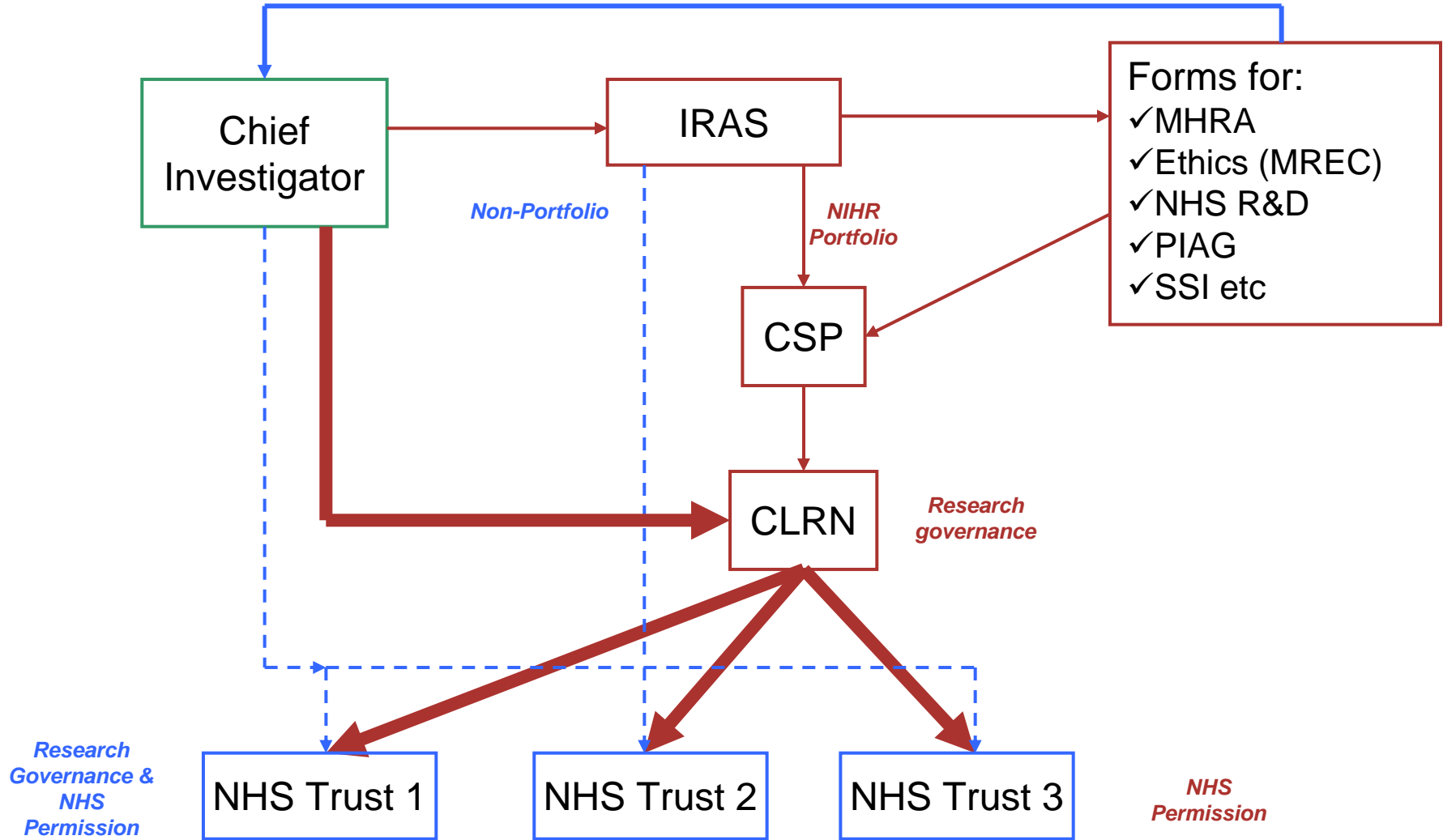
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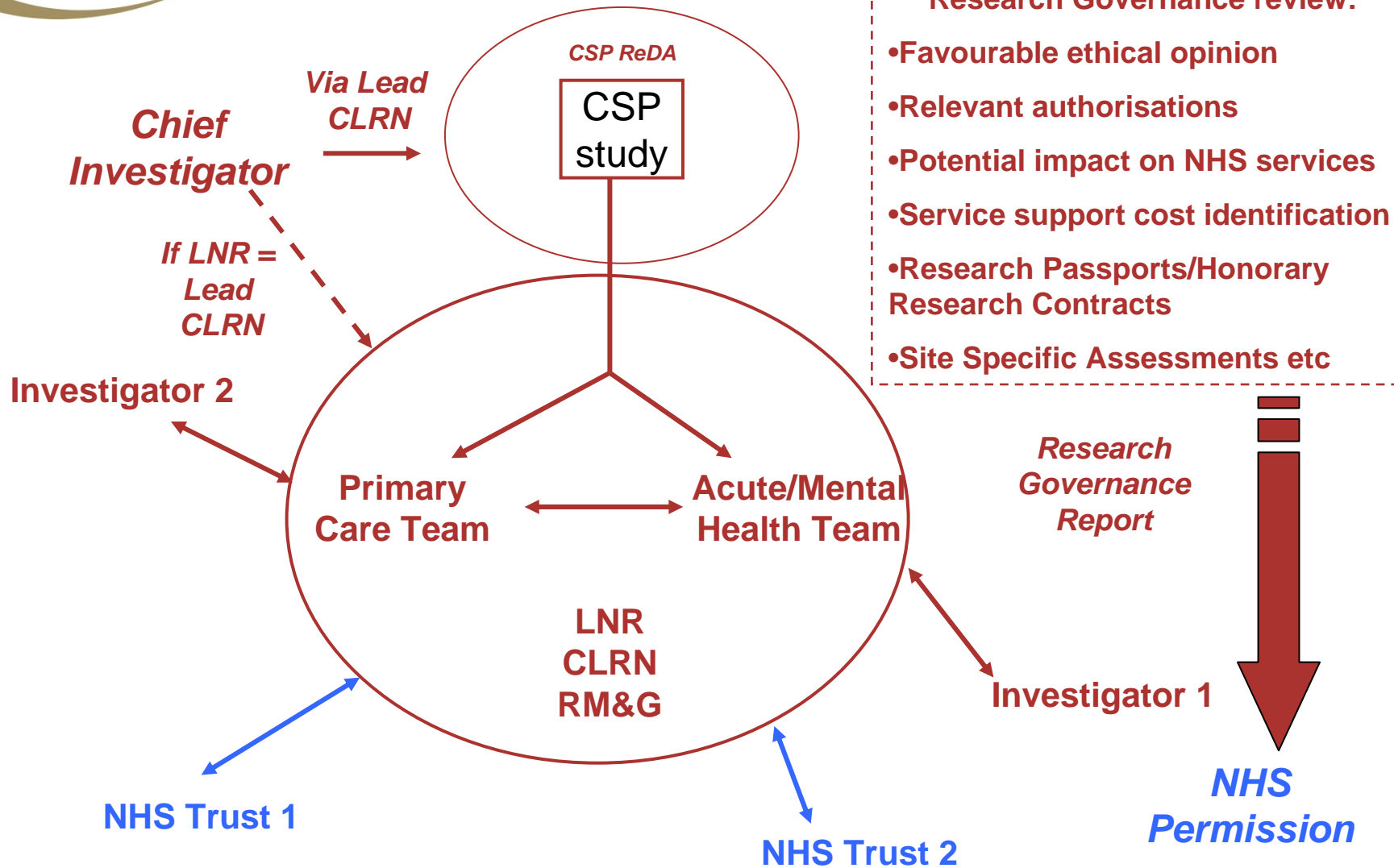
New approaches to delivering Research Management & Governance (RM&G)

- Bureaucracy busting – standardised, high quality and consistent across England.
- Key developments during 2008/09:
 - Integrated Research Application System (IRAS).
 - Coordinated System for Gaining NHS Permission (CSP).
 - Research Passport/Honorary Research Contract scheme.
 - Study specific Service Support Costs.
- National systems, locally applied.
- Delivery/support to investigators and NHS Trusts through LNR CLRN.

How the bits fit together



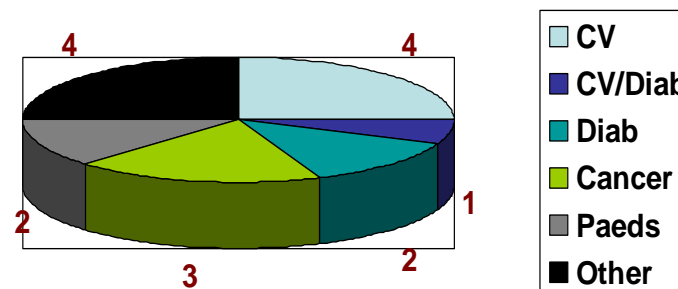
LNR CLRN – integration



NIHR CSP – the story so far...

- Since early December 2008 – 16 studies accepted (mean study number per CLRN = 9)
 - 15 – NIHR Portfolio; 1 - CLAHRC
 - 8 – Lead CLRN
 - 10 - multi- centre
 - 4 - cross-sectoral studies

LNR CLRN studies by Health Category



Benefits in practice

- Clear distinction between global and local governance checks.
- Reduced duplication.
- Paper-lite – electronic repository.
- National operational guidance – best practice and quality assurance.
- Map CSP to local processes to make system work.
- Integrated team approach:
 - CLRN RM&G Team
 - NHS Trusts
 - Investigators/study teams
- Solution focussed – service provision.
- Supports other CLRN workstreams:
 - Portfolio development.
 - Specialty Groups.



Examples of Integration within Primary Care

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RM&G Manager (Primary Care), LNR CLRN

Primary Care RM&G in LNR CLRN

NIHR Portfolio Research - Membership Agreement

- NHS Northamptonshire
- NHS Leicester City
- NHS Leicestershire County and Rutland

Non Portfolio Research - SLA

- NHS Leicester City
- NHS Leicestershire County and Rutland

LNR Primary Care Research Office

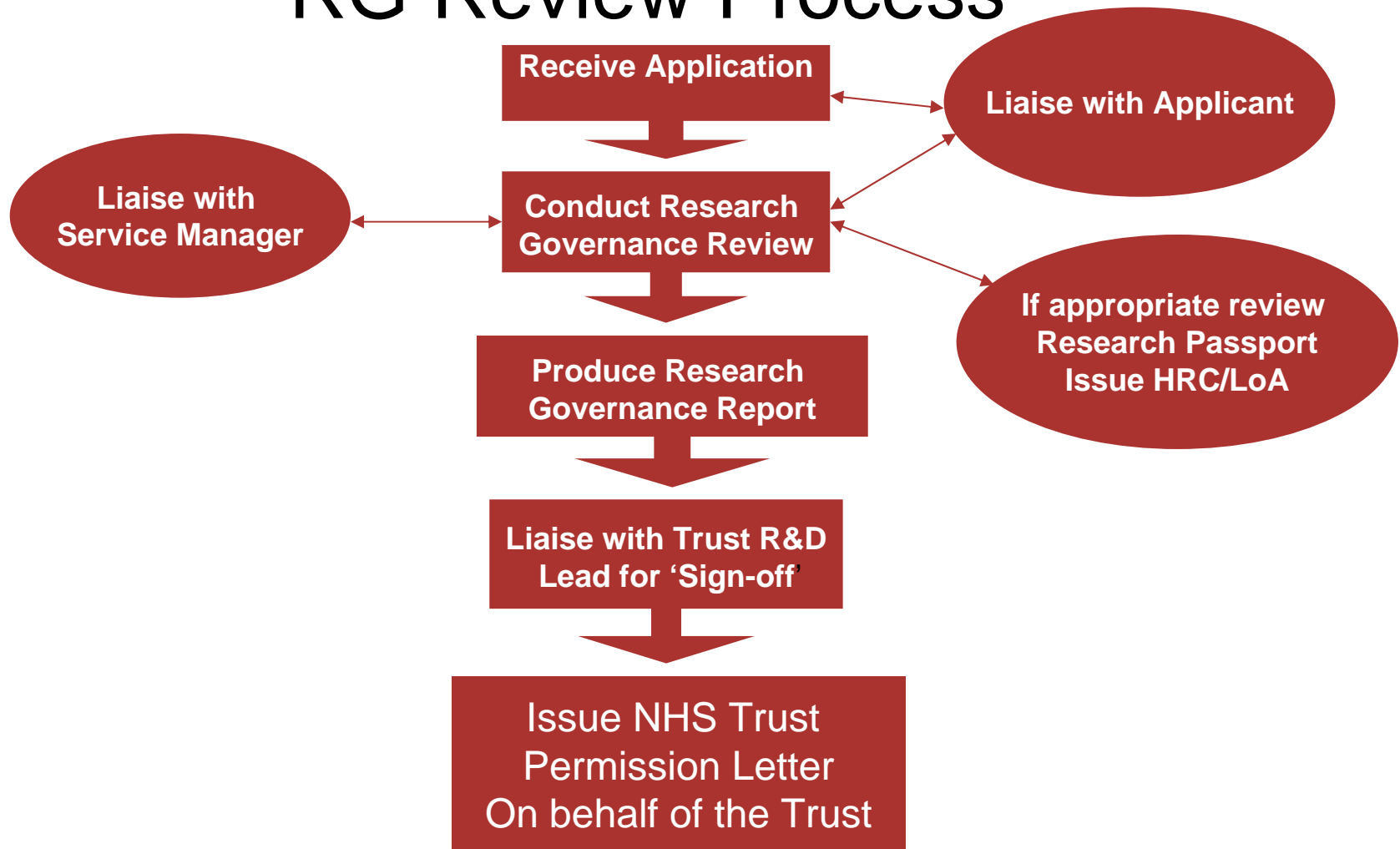
- Clare O'Neill - RM&G Manager
- Maggie Barrett – RM&G Coordinator



LNR Primary Care RM&G Service

- Help and Guidance
- IRAS Application System
- Service Manager Authorisations
- Sponsorship Advice
- Funding
- Research Passports
- RM&G Review
- NHS Trust Permission
- Ongoing Study Monitoring

RG Review Process



Transition to CSP

- RM&G at a central office
- RG Review on behalf of the Trust
- Provide Assurances to Trust
- Produce a RG Report
- RG Report 'signed off' by Trust R&D Lead
- NHS Permission issued on behalf of the Trust



Links with Trusts and Networks



NIHR CLAHRC for LNR



Your thoughts or comments...

- Any Questions on Networking and Integration in practice?
- Any suggested improvements?
- Anyone wish to share own examples of Networking – successful or problematic?

Our contacts

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